

2004 Western States Wildland Urban Interface Grant Program

1	<p style="text-align: center;">State information for: _____</p> <p>State Contact: _____ State priority for this application: _____</p> <p style="margin-left: 20px;">Name: _____</p> <p style="margin-left: 20px;">Address: _____</p> <p style="margin-left: 20px;">_____</p> <p style="margin-left: 20px;">_____</p> <p style="margin-left: 20px;">Phone: _____</p> <p style="margin-left: 20px;">E-Mail: _____</p>
---	---

2	<p style="text-align: center;">Applicant Information</p> <p>Applicant Name: _____</p> <p>Contact Person: _____</p> <p style="margin-left: 20px;">Address: _____</p> <p style="margin-left: 20px;">_____</p> <p style="margin-left: 20px;">_____</p> <p style="margin-left: 20px;">Phone: _____</p> <p style="margin-left: 20px;">E-Mail: _____</p>
---	---

3	<p style="text-align: center;">Community Information</p> <p>Community Name: _____</p> <p style="margin-left: 20px;">County: _____ Congressional District: _____</p> <p>Impacted Population: # _____ No. of Homes Impacted: # _____</p> <p>What organization in the community is providing leadership for the project</p> <p style="margin-left: 20px;">Homeowners Association _____</p> <p style="margin-left: 20px;">Fire Department or Protection District _____</p> <p style="margin-left: 20px;">Local Government _____</p> <p style="margin-left: 20px;">County Government: _____</p> <p style="margin-left: 20px;">Corporation _____</p> <p style="margin-left: 20px;">Private Individual _____</p> <hr/> <p style="text-align: center;">Threat Description</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Homes:</td> <td style="width: 40%; border: 1px solid black; height: 15px;"></td> </tr> <tr> <td>Businesses:</td> <td style="border: 1px solid black; height: 15px;"></td> </tr> <tr> <td>Watersheds (community drinking water):</td> <td style="border: 1px solid black; height: 15px;"></td> </tr> <tr> <td>Infrastructure:</td> <td style="border: 1px solid black; height: 15px;"></td> </tr> <tr> <td>Economic Viability:</td> <td style="border: 1px solid black; height: 15px;"></td> </tr> </table> <p style="text-align: center;">(Check what is threatened)</p>	Homes:		Businesses:		Watersheds (community drinking water):		Infrastructure:		Economic Viability:	
Homes:											
Businesses:											
Watersheds (community drinking water):											
Infrastructure:											
Economic Viability:											

4	TO BE FILLED IN BY STATE OFFICE		
	<p style="text-align: center;">Wildland Condition*</p> <p>Condition Class 1 <input style="width: 50px; height: 15px;" type="text"/></p> <p>Condition Class 2 <input style="width: 50px; height: 15px;" type="text"/></p> <p>Condition Class 3 <input style="width: 50px; height: 15px;" type="text"/></p>	<p style="text-align: center;">Risk**</p> <p>Very High <input style="width: 50px; height: 15px;" type="text"/></p> <p>High <input style="width: 50px; height: 15px;" type="text"/></p> <p>Moderate <input style="width: 50px; height: 15px;" type="text"/></p>	<p style="text-align: center;">Interface Type***</p> <p>Intermix <input style="width: 50px; height: 15px;" type="text"/></p> <p>Interface <input style="width: 50px; height: 15px;" type="text"/></p> <p>Occluded <input style="width: 50px; height: 15px;" type="text"/></p> <p>Rural <input style="width: 50px; height: 15px;" type="text"/></p>
	*10 year Strategy Definitions	**State Assessment	***WSFM Definitions

Project Summary																													
	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 40%;">Primary Project Type</th> <th style="text-align: center; width: 20%;">Y or N</th> <th style="text-align: center; width: 20%;">Units of Measure</th> <th style="text-align: center; width: 20%;"></th> </tr> <tr> <td></td> <td></td> <th style="text-align: center;">Number</th> <th style="text-align: center;">Unit</th> </tr> </thead> <tbody> <tr> <td>Assessment/Scoping:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Planning:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Information/Education:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Implementation/Treatment:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Monitoring/Evaluation:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p style="text-align: right;">(To Report)</p>	Primary Project Type	Y or N	Units of Measure				Number	Unit	Assessment/Scoping:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Planning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Information/Education:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Implementation/Treatment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monitoring/Evaluation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Project Type	Y or N	Units of Measure																											
		Number	Unit																										
Assessment/Scoping:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Planning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Information/Education:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Implementation/Treatment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
Monitoring/Evaluation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
	Project Description:																												
	Is this a continuing project from previous year/s: <input type="checkbox"/> Y <input type="checkbox"/> N																												
	Briefly identify accomplishments, including Units of Measure:																												
5	How will you mitigate the threats checked in Block 3?																												
	Give a brief description of the project steps and activities to achieve objectives.																												
	Time-line for meeting the steps listed above. Include major milestones, accomplishments and completion date.																												

Contributors	
6	Name the private, local, tribal, state, and/or federal organizations that are contributing or participating in getting the project done.

7	Estimated Total Project Cost
	Estimate the total cost of completing the project. Include all funds (federal, state, local, private, both actual dollars and the value of gifts, supplies, materials, volunteered services, or in-kind match): \$ _____

8	Project Revenue (How will project be funded?)				
	Grant Request (List Below)	Other Funds (List Source in columns to right)			
		Dollars (Hard Match)			
		In-Kind (Soft Match)			
		Total Match			
	Application will be disqualified with insufficient match identified (Federal dollars do not qualify)				

9	Project Expense (How will funds be spent?)						
	(List Source in columns to right)	Grant					Total
	Cooperators Salary/ Wages/Benefits						
	Operating Expenses						
	Contractual Services						
	Capital Expenses						
	Indirect Costs						
	Total						

10	Additional Comments